

Office for Children
School Age Child Care Program
12011 Government Center Parkway, 9th Floor
Fairfax, Virginia 22035
Phone 703/449-8989 Fax 703/324-3007

EMPLOYMENT/INCOME VERIFICATION FORM
September 2003 - August 2004

[This form is completed only if the employer does not provide pay stubs/statements]

To receive reduced fees in the School Age Child Care Program, parents must document hours of work and income. Please complete all information below.

Return to the address above or fax to 703-324-3919.

Billing Parent/Guardian _____

Home Phone # _____

Work Phone # _____

SACC Account # _____

To be completed by employer/wage-payer:

- _____ works _____ hours per week at an hourly rate of \$ _____.
(name of employee)
- This employee is paid: weekly bi-weekly (26 times/year)
 daily monthly semi-monthly (24 times/year)

Employer's Name (please print): _____

Employer's Signature: _____

Company or Organization: _____

Address: _____

Employer's Telephone: _____

QUESTIONS? CALL SACC REGISTRATION 703-449-8989